



Iowa Health and Wellness Plan Medically Exempt Toolkit

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Many uninsured Iowans using the Health Insurance Marketplace will be eligible for free or low-cost health care coverage through the Iowa Health and Wellness Plan or other Medicaid programs. Others can receive financial help to lower the cost of buying private insurance plans available on the marketplace.

What is the Iowa Health and Wellness Plan?

The Iowa Health and Wellness Plan is a new Medicaid program created to provide comprehensive health care coverage to low-income, uninsured Iowans ages 19 to 64. The plan replaces the IowaCare program, which ended on December 31, 2013.

The Iowa Health and Wellness Plan is one program that is administrated by Iowa Medicaid and includes two separate coverage options. Eligibility is based on household income.

- *Iowa Wellness Plan:* Covers adults ages 19 to 64 whose income is at or below 100 percent of the Federal Poverty Level (\$11,490 for individuals or \$15,510 for a family of two). Members have access to the statewide Medicaid provider network and have access to care from providers and hospitals in their local communities.
- *Iowa Marketplace Choice Plan:* Covers adults age 19 to 64 with income from 101 percent through 133 percent of the Federal Poverty Level (between \$11,491 and \$15,282 for individuals or \$15,511-\$20,628 for a family of two). The Marketplace Choice Plan allows members to select from participating commercial health care coverage plans available through the Health Insurance Marketplace. Medicaid pays the premiums to the commercial health plan on behalf of the member. Members have access to the network of local health care providers and hospitals participating in the commercial insurance plan they choose.

Individuals who otherwise qualify for the Iowa Health and Wellness Plan but who need specialized medical services due to complex medical conditions or mental, physical or developmental disorders will be eligible for more comprehensive coverage through Iowa's traditional Medicaid program. This is referred to as being Medically Exempt.

What benefits are covered by the Iowa Health and Wellness Plan? How is it different from IowaCare?

The Iowa Health and Wellness Plan provides better health coverage than the IowaCare program because it provides more health benefits and allows members to choose from a greater number of providers located in their communities.

Benefits include doctor visits, prescriptions, dental care, preventive health services, mental health services, hospitalizations, and more.



Medically Exempt Eligibility

A Medically Exempt determination only applies to those who are enrolled in the Iowa Wellness Plan and the Iowa Marketplace Choice Plan and will not affect those that are currently enrolled in the Medicaid State Plan. The goal of making individuals Medically Exempt is to ensure those individuals with a need for more extensive behavioral health and substance abuse services have access to appropriate care. Moving individuals from the Iowa Health and Wellness Plan to the Medicaid State Plan will allow them to the care they need.

Iowa uses the term ‘Medically Exempt’ to define the Federal definition of ‘Medically Frail’.

Medically Exempt Individual Definition

DEFINITION 42 CFR § 440.315(f) ‘Medically Frail’: includes individuals with disabling mental disorders (including adults with serious mental illness), individuals with chronic substance use disorders, individuals with serious and complex medical conditions, individuals with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living, or individuals with a disability determination based on Social Security criteria.

The Iowa Health and Wellness Plan provides an Alternative Benefit Plan for enrollees. This includes both the Iowa Wellness Plan and the Marketplace Choice Plan. Federal law requires individuals that are exempt from mandatory enrollment in an Alternative Benefit Plan. Iowa Medicaid must identify exempt individuals and offer a choice between the Alternative Benefit and the regular Medicaid State Plan Benefit. The table below provides more detailed definitions of the categories of exempt individuals identified in 42 CFR §440.315(f) (definition shown on next page).



Category	Definition
Individuals with Disabling Mental Disorder	<p>The member has a diagnosis of at least one of the following:</p> <ul style="list-style-type: none"> • Psychotic disorder; • Schizophrenia; • Schizoaffective disorder; • Major depression; • Bipolar disorder; • Delusional disorder • Obsessive-compulsive disorder • Or member is identified to have a chronic behavioral health condition and the Global Assessment Functioning (GAF) score is 50 or less (a lower score indicates lower functionality) <p>(Definition consistent with eligibility for the Integrated Health Home)</p>
Individuals with chronic substance use disorder	<p>Individuals with a chronic substance use disorder:</p> <ul style="list-style-type: none"> • The member has a diagnosis of substance use disorder, AND • The member meets the Severe Substance Use Disorder level on the DSM-V Severity Scale by meeting six or more diagnostic criteria, OR • The member's current condition meets the Medically-Monitored or Medically-Managed Intensive Inpatient criteria of the ASAM criteria <p>("DSM-V" means the 5th edition of the <i>Diagnostic and Statistically Manual of Mental Disorders</i> published by the American Psychiatric Association. "ASAM criteria" means the 2013 edition of <i>The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions</i> published by the American Society of Addiction Medicine.)</p>
Individuals with serious and complex medical conditions	<ul style="list-style-type: none"> • The individual meets criteria for Hospice services, OR • The individual has a serious and complex medical condition AND • The condition significantly impairs the ability to perform one or more activities of daily living*. <p>(Examples of serious and complex medical conditions include but are not limited to: traumatic brain injury, epilepsy, cerebral palsy and ventilator dependency.)</p>
Individuals with a physical disability	<ul style="list-style-type: none"> • The individual has a physical disability AND • The condition significantly impairs the ability to perform one or more activities of daily living*. <p>(Examples of physical disabilities include but are not limited to: multiple sclerosis, quadriplegia, and paraplegia.)</p>

Definition continued on next page



Category	Definition
Individuals with an intellectual or developmental disability	<ul style="list-style-type: none"> The individual has an intellectual or developmental disability as defined in IAC 441-24.1. This definition means a severe, chronic disability that: Is attributable to a mental or physical impairment or combination of mental and physical impairments; Is manifested before the age of 22; Is likely to continue indefinitely; Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated AND The condition significantly impairs the ability to perform one or more activities of daily living* <p>(Developmental disabilities include but are not limited to: autism, epilepsy, cerebral palsy, and mental retardation.)</p>
Individuals with a disability determination	<ul style="list-style-type: none"> Any individual with a current disability designation by the Social Security Administration
*Activities of daily living (ADLs)	<ul style="list-style-type: none"> Activities of daily living (ADLs) is a term used in healthcare to refer to daily self-care activities within an individual's place of residence, in outdoor environments, or both Activities of daily living include: <ul style="list-style-type: none"> Bathing and showering (washing the body) Bowel and bladder management (recognizing the need to relieve oneself) Dressing Eating (including chewing and swallowing) Feeding (setting up food and bringing it to the mouth) Functional mobility (moving from one place to another while performing activities) Personal device care Personal hygiene and grooming (including washing hair) Toilet hygiene (completing the act of relieving oneself)



Process: How does a member become Medically Exempt?

There are three ways an individual can become Medically Exempt.

1. Medically Exempt Member Survey

- a. If an individual indicates they have limitations in their activities of daily living or receive Social Security Income on their application to receive health care, and are determined to be eligible for the Iowa Health and Wellness Plan, they will receive a Medically Exempt Member Survey. Please note all individuals administratively transferred from the IowaCare received a copy of this survey.
- b. Members will mail, fax or call Iowa Medicaid Member Services with their survey responses answers to their survey.
- c. After the surveys are scored, members will receive a notification indicating to which health plan they are assigned.
- d. Members are strongly encouraged to call Iowa Medicaid Member Services if they have questions about their Medically Exempt status.
- e. See APPENDIX A for copy of the Member Survey.

2. Medically Exempt Attestation and Referral Form

- a. This form is available on the IME website and can be completed by the following:
 - i. Providers with a current National Provider Identifier number
 - ii. Employees of DHS
 - iii. Designees from the mental health region or the Iowa Department of Corrections
- b. Forms can be submitted by telephone, email, fax, or mail.
- c. See APPENDIX B for a copy of the Medically Exempt Attestation and Referral Form

3. Retrospective Claims Analysis

- a. This process is still under development and will be implemented in 2014.



Completing the Medically Exempt Attestation and Referral Form

It is imperative that the Medically Exempt Attestation and Referral Form is completed correctly. Incomplete forms will **NOT** be accepted.

Things to remember when completing the Medically Exempt Attestation and Referral Form.

1. Make sure ALL member information is filled in on the first page.
2. Questions about a member's condition (pages 2 and 3): If a condition doesn't pertain to your client, please check 'Not Applicable'.

Please note, several of the questions have two parts that must be answered.


3. Provider, Worker or Referring Entity Information (Page 4): This section must be completed and signed. Please print LEGIBLY.

We are unable to accept forms we cannot read. The form must be signed by the appropriate individual.

4. On Page 4, if you do not have a National Provider Identified number, please provide your appropriate designation or title that qualifies you to submit the form.
5. The form certification box needs to be checked in order for the form to be accepted. Check box is located on Page 4.
6. **Incomplete forms will be returned to the provider if possible with an explanation as to why it was not accepted.**
7. To check the status of a Medically Frail exemption for a patient or client, you can call Iowa Medicaid Member Services at 1-800-338-8366.




Benefits Package

Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		 <p><i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i></p>	<p><i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i></p>
Ambulatory Patient Services <ul style="list-style-type: none"> Physician Services Primary Care 	Covered	Covered	Covered
Chiropractic	Covered	Covered	Covered
Podiatry	Covered	Covered Routine foot care is generally not covered, however it may be covered as part of a member's overall treatment related to certain health care conditions	Covered Routine foot care is generally not covered, however it may be covered as part of a member's overall treatment related to certain health care conditions
Emergency Services <ul style="list-style-type: none"> Emergency Room Ambulance 	Covered	Covered	Covered
Hospitalization	Covered	Covered	Covered
Rehabilitative and Habilitative Services <ul style="list-style-type: none"> Physical Therapy Occupational Therapy Speech Therapy 	Covered, no limits	Covered <ul style="list-style-type: none"> 60 visits covered annually for each therapy 	Covered
Lab Services <ul style="list-style-type: none"> X-Rays Lab Tests 	Covered	Covered	Covered
Prescription Drugs	Covered	Covered	Covered pursuant to Qualified Health Plan benefit; must meet minimum essential benefits
Home Health	Covered	Covered	Covered
Hospice	Covered Respite: Unlimited but may only be used in 5 day increments	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit	Covered Respite: 15 inpatient and 15 day outpatient lifetime limit



Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
Skilled Nursing Facility	Limited to 120 days per rolling year	Limited to 120 days per rolling year	Limited to 120 days per rolling year
Dental	Covered	Covered – See Proposal for Accountable Dental Care Plan	Covered – See Proposal for Accountable Dental Care Plan
Other Benefits <ul style="list-style-type: none"> • Bariatric Surgery • Temporomandibular Joint (TMJ) • Eyeglasses • Hearing Aids • Non-Emergency Medical Transportation • Intermediate Care Facility (Nursing Facility) • Intermediate Care Facility for the Intellectually Disabled 	Covered Covered Covered Covered Covered Not Covered, available under other eligibility group Not Covered, available under other eligibility group	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Covered Covered Not Covered Not Covered Not Covered Not Covered Not Covered
Delivery System			
Managed Care	MediPASS/HMO - Children and Parents only Fee-for-Service – All other populations	Primary Care Case Management (MediPASS/HMO)	Per QHP plan contracts if applicable
Primary Care Medical Home/Health Home	Chronic Condition Health Home tiered per member per month	Through payment incentives “\$4-\$10-\$4” plan	Per QHP plan contracts if applicable
Accountable Care Organizations	N/A	Through payment incentives “\$4-\$10-\$4-\$4” plan	Per QHP plan contracts if applicable
Provider Network	Medicaid contracted providers; Medicaid reimbursement methods and policies	Medicaid contracted providers; Medicaid reimbursement methods and policies	QHP contracted provider network; QHP reimbursement methods and contracts



Mental Health, Substance Abuse Treatment, and Support Services			
Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
		<div>  <div> <p><i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i></p> <p><i>NOTE: Medically Exempt individuals will be enrolled in the Medicaid State Plan benefit with the option to Opt-out</i></p> </div> </div>	
Mental Health and Substance Use Disorder Services	Covered - Inpatient/Outpatient services including services provided by: <ul style="list-style-type: none"> Hospitals Psychiatrist Psychologist Social Workers Family and Marital Therapists Licensed Mental Health Counselors 	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> Hospitals Psychiatrist Psychologist Social Workers Family and Marital Therapists Licensed Mental Health Counselors *Mental Health Parity Required	Covered - Inpatient/Outpatient services provided by: <ul style="list-style-type: none"> Hospitals Psychiatrist Psychologist Social Workers Family and Marital Therapists Licensed Mental Health Counselors *Mental Health Parity Required
Other Mental Health Services	<ul style="list-style-type: none"> Behavioral Health Intervention services Assertive Community Treatment (ACT) 	Not Covered	Not Covered
Additional B3 services covered because of savings from the Managed Care Iowa Plan Waiver	<ul style="list-style-type: none"> Intensive psychiatric rehab Community Support Services Peer Support Residential Substance Abuse Treatment 	Not Covered	Not Covered



Mental Health, Substance Abuse Treatment, and Support Services			
Plan Benefits	Medicaid State Plan	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
Habilitation - 1915i Home and Community Based Services	<ul style="list-style-type: none"> An individualized, comprehensive service plan Home-based habilitation Day habilitation Prevocational habilitation Supported Employment 	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid	Covered <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid
Managed Care	<p>Mental Health and Substance Abuse services covered through the Iowa Plan, 1915(b) managed care plan (Magellan) – all populations except Medically Needy</p> <p>Iowa Plan benefits are the benefits described above</p>	<p>Mental Health and Substance Abuse services covered through the Iowa Plan</p> <p>Benefits provided through the Iowa Plan are the benefits described above, unless the person is Medically Exempt, in which case benefits are equal to the Medicaid State Plan</p>	<p>Per QHP plan contracts if applicable</p> <p>Benefits are provided by the QHP per QHP plan contracts. Benefits are as described above, unless the person is Medically Exempt, in which case the person will receive Medicaid State Plan benefits through Medicaid and the Iowa Plan</p>
Integrated Health Home	<p>Eligibility based on specified mental health diagnosis</p> <p>IHH provides health home services, including peer support, care coordination, etc. through IHH providers</p>	Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid	Only covered under the Medicaid State Plan <u>after</u> a Medically Frail/Exempt determination; person is moved into regular Medicaid
Provider Network	Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies	Magellan contracted provider network; Medicaid and Magellan reimbursement rates and policies	QHP contracted provider network; QHP reimbursement methods and contracts



FAQs

1. What is the effective date of the Medically Exempt coverage?

Generally the Medically Exempt status will be active the first day of the following month after the provider or member form has been received. If either form is received after approximately the 20th of the month, the member will remain on their originally assigned health care plan until the first day of the second month.

Example: Form submitted on January 10. The member's Medically Exempt coverage would begin February 1. Form is submitted on January 29. The member's Medically Exempt coverage would begin March 1.

2. Will Non-Emergency Medical Transportation (NEMT) be covered for those that are determined to be Medically Exempt?

Yes. NEMT is covered for Medically Exempt individuals on the Medicaid State Plan.

3. How will I know if my patient/client is made Medically Exempt?

Providers are able to verify a member's eligibility and benefit package by calling the ELVS (Eligibility Verification System) line at 1-800-338-7725 or 515-323-9639 in the Des Moines area. If the patient/client has been deemed Medically Exempt, it will indicate in ELVS that the patient is eligible for the Medicaid State Plan.

4. Will individuals that are deemed Medically Exempt receive the Medicaid State Plan Dental Benefits?

No. Those that are determined to be Medically Exempt will receive services through the new Iowa Health and Wellness Dental Plan. This plan is still under development with an anticipated start date of May 1, 2014. More details will be shared as they become available.



Resources

Where can people go for additional information or help enrolling in the Iowa Health and Wellness Plan?

Help is available online, by phone and in person – for free.

- **Online:** Visit www.HealthCare.gov or <https://dhsservices.iowa.gov/>.
- **Phone:** Call the federal hub at 1-800-318-2596 or the Department of Human Services (DHS) contact center at 1-855-889-7985.
- **In person:** Many organizations and health department offices have people trained and certified to help you understand your new health insurance options. You can visit <https://localhelp.healthcare.gov/> and search by city and state or zip code to find a list of personal assistance locally available. The list includes contact information, office hours, and types of help offered and will be frequently updated.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date _____

«Name»

«Address_Line_1»

«Address_Line_2»

«City_State_Zip»

Name: _____ Medicaid Member ID # _____

Please Answer the Following Questions and Return

You may have already been notified that you have been assigned to a Medicaid health plan. However, by answering the questions on the other side of this form you will help us ensure you are enrolled in the plan that best fits your medical needs. Your answers may lead to a change in your health plan assignment to better meet your medical needs.

Completing and returning this form is optional. If you choose to respond, please answer all of the questions on the other side in pencil or blue or black ink and return the form.

Three ways to return this form:

1. Use the enclosed postage paid envelope OR
2. Fax it to the Iowa Medicaid Enterprise at: 515-725-1351, OR
3. Call Iowa Medicaid Member Services at at **1-800-338-8366** or locally at 515-256-4606 to complete the survey over the phone.

Need help?

If you have any questions, please call Iowa Medicaid Member Services at **1-800-338-8366** or locally at 515-256-4606 between 8 a.m. and 5 p.m., Monday through Friday.

Si necesita informacion en espanol porfavor llamenos al servicio de miembros
1-800-338-8366.

Turn Page Over: Questions on the Back Page

Name: _____ Medicaid Member ID # _____

Please Answer the Following Questions and Return

Completing and returning this form is optional. If you choose to respond, please answer all of the questions below.

1. Compared to other people your age, how would you rate your physical health?

☐Excellent ☐Good ☐Fair ☐Poor

2. Compared to other people your age, how would you rate your mental health?

☐Excellent ☐Good ☐Fair ☐Poor

3. How often do you need help from another person in doing activities like: bathing, walking, eating, managing your medications?

☐Never ☐1-2 times a week ☐3-4 times a week ☐Every day

4. Other than for pregnancy, in the last six months, how many times have you stayed overnight as a patient in a hospital?

☐None ☐1 time ☐2 time ☐3 or more times

5. In the last six months, how many times have you used an emergency room?

☐None ☐1 time ☐2 times ☐3 or more times

6. In the last six months, how many times have you been seen by a doctor/nurse practitioner/physician assistant (count office/clinic visits and home visits; do not count emergency room or hospital visits)?

☐None ☐1-2 times ☐3-5 times ☐More than 5 times

7. If you use drugs or alcohol, how often does it keep you from doing your daily activities?

☐Never ☐Sometimes ☐Often ☐Always

8. If you experience sadness, depression or nervousness, how often does it keep you from doing your daily activities?

☐Never ☐Sometimes ☐Often ☐Always

9. Do you receive Social Security disability benefits?

☐Yes ☐No

Questions? Call Iowa Medicaid Member Services at 1-800-338-8366 or locally at 515-256-4606.



Iowa Department of Human Services
Medically Exempt Attestation and Referral Form

Iowa Medicaid must identify individuals who are eligible for enrollment in the Iowa Health and Wellness Plan and who have enhanced medical needs. These individuals are considered 'Medically Exempt' and may be eligible for more benefits by getting coverage under the Medicaid State Plan.

'Medically Exempt' includes individuals who have a:

- Disabling mental disorder (including adults with serious mental illness)
- Chronic substance use disorders
- Serious and complex medical conditions
- Physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
- Disability determination based on Social Security criteria.

The table below provides more detailed definitions of the categories of Medically Exempt individuals.

Instructions: If you have a patient that you believe may meet the definition of a Medically Exempt individual, please fill out the information below and complete each question on the form. Incomplete forms will not be accepted. **Please note that you must obtain the individual's (or legal guardian's) written consent before conveying this information to the Medicaid program.**

MEMBER INFORMATION

Member Name		Date
Address		
City		State/Zip
Telephone	Cell Phone	
State ID		
Date of Birth	County of Residence	

Please complete each question. If the condition does not apply to the individual, please check not applicable at the top of each question. Incomplete forms will not be accepted. Please note, in order to be consider complete, each category must be appropriately marked.

<p>1. Individuals with disabling mental disorder</p>	<p>Not Applicable</p> <p>The member has a diagnosis of at least one of the following:</p> <p>psychotic disorder;</p> <p>schizophrenia;</p> <p>schizoaffective disorder;</p> <p>major depression;</p> <p>bipolar disorder;</p> <p>delusional disorder</p> <p>obsessive-compulsive disorder</p> <p>identified to have a chronic behavioral health condition and the Global Assessment Functioning (GAF) score is 50 or less</p>
<p>2. Individuals with chronic substance use disorder</p> <p>Important Note: Individual must have a substance use disorder and meet one of the additional criteria. Please check the applicable criteria.</p>	<p>Not Applicable</p> <p>Individuals with a chronic substance use disorder:</p> <p>The member has a diagnosis of substance use disorder, AND</p> <p>The member meets the severe substance abuse disorder level on the DSM-V Severity Scale by meeting 6 or more diagnostic criteria, OR</p> <p>The member's current condition meets the medically-monitored or medically-managed intensive inpatient criteria of the ASAM criteria.</p> <p><i>"DSM-5" means the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association. "ASAM criteria" means the 2013 edition of The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions published by the American Society of Addiction Medicine.</i></p>
<p>3. Individuals with serious and complex medical conditions</p> <p>Important Note: If individual has complex medical condition, must check all applicable criteria.</p>	<p>Not Applicable</p> <p>The individual meets criteria for hospice services, OR</p> <p>The individual has a serious and complex medical condition AND</p> <p>The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> (Go to Box 7 to describe the impairment in ability to perform ADLs).</p>
<p>4. Individuals with a physical disability</p> <p>Important Note: If individual has a physical disability, must check all applicable criteria.</p>	<p>Not Applicable</p> <p>The individual has a physical disability AND</p> <p>The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u> (Go to Box 7 to describe the impairment in ability to perform ADLs).</p>

<p>5. Individuals with an intellectual or developmental disability</p> <p>Important Note: If individual has a developmental disability, must check all applicable criteria.</p>	<p>Not Applicable</p> <p>The individual has an intellectual or developmental disability as defined in IAC 441-24.1. This definition means a severe, chronic disability that:</p> <p>Is attributable to a mental or physical impairment or combination of mental and physical impairments;</p> <p>Is manifested before the age of 22;</p> <p>Is likely to continue indefinitely;</p> <p>Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; AND</p> <p>Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.</p> <p>AND</p> <p>The condition significantly impairs the ability to perform one or more <u>activities of daily living (ADLs)</u>* (see below for details on ADLs).</p> <p>(Go to Box 7 to describe the impairment in ability to perform ADLs).</p>
<p>6. Individuals with a disability determination*</p>	<p>Not Applicable</p> <p>*Do NOT check this box if the individual has applied for, but not yet received a disability determination</p> <p>The individual has a current disability designation by the Social Security Administration standards.</p>
<p>7. Use the box below to describe the <u>activities of daily living</u> (ADLs) the member needs assistance with and the frequency of that need.</p> <p>(Examples of ADLs may include but are not limited to bathing and showering, bowel and bladder management, dressing, eating, feeding, functional mobility, personal device care, personal hygiene and grooming and/or toilet hygiene.)</p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>	

PROVIDER, WORKER, or REFERRING ENTITY INFORMATION

** To submit this form, you must be a provider with a current National Provider Identified number, an employee of the Department of Human Services, a designee from a mental health region or a designee from the Department of Corrections.*

Provider/Worker/Entity: Agency or Business Name (Please Print)
Provider/Worker/Entity Name: Individual Completing this Referral (Please Print)
Provider NPI#/Worker License and Type
Telephone
Email

Signature and Date (check the statement below):

I certify that by signing this document I understand that any false statement, omission, or misrepresentation may result in prosecution under state and federal laws. I also certify that I have obtained the individual's written consent to provide the Medicaid program this information.

Use the "Submit Referral Form" button above to submit this form electronically. You may also use the methods below to contact the Iowa Medicaid Enterprise regarding this form.

Telephone Toll Free – (800) 338-8366 In Des Moines (515) 256-4606	Mail Iowa Medicaid Enterprise Member Services (Attn: Medically Exempt) PO Box 36510 Des Moines, IA 50315
Fax (515) 725-1351	Email IMMEMBERSERVICES@dhs.state.ia.us
Website www.ime.state.ia.us	